



# Senate

General Assembly

**File No. 22**

February Session, 2018

Senate Bill No. 170

*Senate, March 20, 2018*

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist. and SEN. SOMERS of the 18th Dist., Chairpersons of the Committee on the part of the Senate, that the bill ought to pass.

**AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH  
AND ADDICTION SERVICES' RECOMMENDATIONS REGARDING  
STREAMLINING REPORTS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1       Section 1. Section 17a-710 of the general statutes is repealed and the  
2       following is substituted in lieu thereof (*Effective July 1, 2018*):

3       (a) It shall be the policy of the Department of Mental Health and  
4       Addiction Services to develop and implement treatment programs for  
5       pregnant women of any age with substance use disorders and their  
6       children. The department shall seek private and public funds for such  
7       programs. Each program shall, to the extent possible and within  
8       available appropriations, offer comprehensive services, including (1)  
9       education and prevention programs in high schools and family  
10      planning clinics; (2) outreach services to identify pregnant women  
11      with substance use disorders early and enroll them in prenatal care  
12      and substance abuse treatment programs; (3) case management

13 services; (4) hospital care with substance abuse treatment available in  
14 coordination with obstetric services; (5) pediatric care, including  
15 therapeutic care for neurologically, behaviorally or developmentally  
16 impaired infants; (6) child care for other siblings; (7) classes on  
17 parenting skills; (8) home visitation for those who need additional  
18 support or who are reluctant to enter a treatment program; (9) access  
19 to WIC and other entitlement programs; (10) vocational training for  
20 mothers seeking entry to the job market; and (11) a housing  
21 component. To the extent possible all services shall be coordinated to  
22 be delivered from a centralized location, utilizing medical vans where  
23 available and providing transportation assistance when needed.

24 (b) In addition to establishing new programs pursuant to subsection  
25 (a) of this section, the department shall incorporate the comprehensive  
26 services set forth in subsection (a) of this section in existing treatment  
27 programs when feasible.

28 (c) The department shall include in the state substance abuse plan,  
29 developed in accordance with [section 19a-7] subsection (j) of section  
30 17a-451, as amended by this act, goals to overcome barriers to  
31 treatment which are specific to pregnant women and women with  
32 children and to provide increased treatment services and programs to  
33 pregnant women. Such programs shall be developed in collaboration  
34 with other state agencies providing child care, family support, health  
35 services and early intervention services for parents and young  
36 children. Such collaboration shall not be limited to agencies providing  
37 substance abuse services.

38 [(d) On or before November thirtieth, annually, the department  
39 shall submit a report to the joint standing committee of the General  
40 Assembly having cognizance of matters relating to public health  
41 regarding the status of treatment program availability for pregnant  
42 women, including statistical and demographic data concerning  
43 pregnant women and women with children in treatment and on  
44 waiting lists for treatment.]

45 Sec. 2. Subsection (j) of section 17a-451 of the 2018 supplement to the

46 general statutes is repealed and the following is substituted in lieu  
47 thereof (*Effective July 1, 2018*):

48 (j) The commissioner shall be responsible for developing and  
49 implementing the Connecticut comprehensive plan for prevention,  
50 treatment and reduction of alcohol and drug abuse problems to be  
51 known as the state substance abuse plan. Such plan shall include a  
52 mission statement, a vision statement and goals for providing  
53 treatment and recovery support services to adults with substance use  
54 disorders. The plan shall be developed by July 1, 2010, and thereafter  
55 shall be triennially updated by July first of the respective year. The  
56 commissioner shall develop such plan, mission statement, a vision  
57 statement and goals after consultation with: (1) The Connecticut  
58 Alcohol and Drug Policy Council established pursuant to section 17a-  
59 667; (2) the Criminal Justice Policy Advisory Commission established  
60 pursuant to section 18-87j; (3) the subregional planning and action  
61 councils established pursuant to section 17a-671; (4) clients and their  
62 families, including those involved with the criminal justice system; (5)  
63 treatment providers; and (6) other interested stakeholders. The plan  
64 shall outline the action steps, time frames and resources needed to  
65 meet specified goals and shall, at a minimum, address: (A) Access to  
66 services, both prior to and following admission to treatment; (B) the  
67 provision of comprehensive assessments to those requesting treatment,  
68 including individuals with co-occurring conditions; (C) quality of  
69 treatment services and promotion of research-based and evidence-  
70 based best practices and models; (D) an appropriate array of  
71 prevention, treatment and recovery services along with a sustained  
72 continuum of care; (E) outcome measures of specific treatment and  
73 recovery services in the overall system of care; (F) information  
74 regarding the status of treatment program availability for pregnant  
75 women, including statistical and demographic data concerning  
76 pregnant women and women with children in treatment and on  
77 waiting lists for treatment; (G) department policies and guidelines  
78 concerning recovery-oriented care; [(G)] (H) provisions of the  
79 community reentry strategy concerning substance abuse treatment and  
80 recovery services needed by the offender population as developed by

81 the Criminal Justice Policy and Planning Division within the Office of  
82 Policy and Management; [(H)] (I) an evaluation of the Connecticut  
83 Alcohol and Drug Policy Council's plan described in section 17a-667  
84 and any recommendations for changes to such plan; and [(I)] (I) a  
85 summary of data maintained in the central repository, described in  
86 subsection (o) of this section. The plan shall define measures and set  
87 benchmarks for the overall treatment system and for each state-  
88 operated program. Measures and benchmarks specified in the plan  
89 shall include, but not be limited to, the time required to receive  
90 substance abuse assessments and treatment services either from state  
91 agencies directly or through the private provider network funded by  
92 state agencies, the percentage of clients who should receive a treatment  
93 episode of ninety days or greater, treatment provision rates with  
94 respect to those requesting treatment, connection to the appropriate  
95 level of care rates, treatment completion rates and treatment success  
96 rates as measured by improved client outcomes in the areas of  
97 substance use, employment, housing and involvement with the  
98 criminal justice system.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2018</i>	17a-710
Sec. 2	<i>July 1, 2018</i>	17a-451(j)

**PH**            *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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***OFA Fiscal Note******State Impact:*** None***Municipal Impact:*** None***Explanation***

The bill changes certain reporting requirements under the Department of Mental Health and Addiction Services (DMHAS), which does not result in a fiscal impact.

***The Out Years******State Impact:*** None***Municipal Impact:*** None

**OLR Bill Analysis****SB 170*****AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' RECOMMENDATIONS REGARDING STREAMLINING REPORTS.*****SUMMARY**

This bill eliminates the requirement that the Department of Mental Health and Addiction Services (DMHAS) annually report to the Public Health Committee on substance abuse treatment program availability for pregnant women. Instead, the bill requires DMHAS to include this same information, which includes statistical and demographic data on pregnant women and women with children in treatment and on waiting lists, as part of its triennial state substance abuse plan.

The bill also makes a technical change, correcting an inaccurate statutory reference.

EFFECTIVE DATE: July 1, 2018

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea    25    Nay    0    (03/09/2018)